



16018.900100
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
MARK KRESS, et al.

Serial No: ~~10/609,809~~

Filed: June 26, 2003

For: APPLICATOR FOR HAIR BUILDING FIBERS

Art Unit: 3732
Examiner: WILLATT, Stephanie

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450, on
November 29, 2005
Date of Deposit
Heather B. Centurion
Name
Signature [Signature] 11/29/05
Date

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ Small entity status has been claimed. See 37 CFR § 1.27.
☐ A certified copy of ___ Patent Application No. ___ filed ___ from which priority is claimed under 35 U.S.C. § 119 is enclosed.
☐ A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.
☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	10	-	10 **	0	LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	2	-	1 ***	0	LG=\$20 SM=\$10	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$ 0
					TOTAL	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$___ to cover the additional claims fee is enclosed.
☐ A check in the amount of \$___ to cover the extension fee is enclosed.
☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-2899, referencing docket number 16018.900100.
☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
LINER YANKELEVITZ
SUNSHINE & REGENSTREIF LLP

Date: November, 29, 2005

By: [Signature]
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Amendment to Office Action dated August 24, 2005 .
Amendment dated 29-Nov-05
Page 1 of 10

Patent Application
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Heather Centurioni

Name

Hec

11/29/05

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated August 24, 2005 , the time for
response having been extended from November 24 to December 27, 2005 by the
enclosed petition and fee authorization, please amend the above-identified
application as follows:

Amendments to the Drawings begin on Page 2.

Amendments to the Claims begin on Page 3.

Remarks begin on Page 7.